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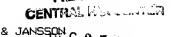
PTC/SB/17 (12-04v2)
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Under the Penerus	rk Reduction Act of 199	5 no necessors are regulated to	respond to a collection of inf			OMB control number			
	Effective on 12/08/	2004.		Complete If Known					
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). FEE TRANSMITTAL			Application Number	09/993,89	09/993,899				
			Filing Date	11/24/200	11/24/2001				
For FY 2005			First Named Inventor	BRAGST	BRAGSTAD, Helge				
		Con 27 CER 1 27	Examiner Name	KHOSHN	KHOSHNOODI, Nadia				
Applicant cia	ims small entity statu	s. See 37 GFR 1.27	Art Unit	2133					
TOTAL AMOUNT	OF PAYMENT (\$) 120.00	Attorney Docket No.	40.0043					
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Ac	COUNT Deposit Accou	nt Number:	Deposit Account						
For the ab	ove-identified deposit	account, the Director is h	ereby authorized to: (che	ck all that ap	ply)				
سنا	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit eard Information should not be included on this form. Provide credit card information and euthorization on PTO-2038.									
FEE CALCULA				·-					
BASIC FILIN Application T	FILING	Small Entity	RCH FEES EX Small Entity		Entity	pos Pald (\$)			
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Design	200	100 100			š —				
Plant	200	100 300	, ,,		0 —				
Reissue	300	150 500	100	500 30	•				
Provisional	200	100			o				
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Small Entity Fee (\$) Fee (\$) 25 200 100 360 180									
Total Claims	Extra Cla	<u>lms Fee(\$)</u> E	ee Paid (\$)		ultipie Depende Fee (\$) F	ee Paid (\$)			
HP = highest out Indep. Claims - 3	or HP =	<u>ims Fee (\$) </u>	ee Paid (\$)						
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 (\$1.25 for small entity).									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x Fee Paid (\$)									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): Petition for Extension of Time 120.00									
SUBMITTED BY									
Skonature	John In		Registration No. 35,75	9	Telephone 512-	372-8440			
Name (Print/Type)	Pehr Jansson	<u>- ,</u>	- Warren - Harris		Date Decembe	r 27, 2005			

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FEE TRANSMITTAL	Filting Date	11/24/2001						
FEE INVIOUS	First Named Inventor	BRAGSTAD, Helge						
For FY 2005	Examiner Name	KHOSHNOOL	Nadia					
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2133						
TOTAL AMOUNT OF PAYMENT (\$) 120.00	Attorney Docket No.	40.0043						
METHOD OF PAYMENT (check all that apply)		d						
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	Deposit Account	ok all their apply)						
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under 37 CFR 1.10 and become public. Credit card	information should not be i	uringed ou may it	7 1016					
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Plant	00 250	600 300						
Reissue 300 130	0 0	0 0	Small Entity					
Provisional 200 100	•	Fe	Small Ellery (5) Fee (5)					
2. EXCESS CLAIM FEES			50 25					
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Multiple dependent claims	Foo Peld (S)		ee (5) Pee Paid (5)					
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	3.		t or committee					
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Total Sheets (round up to a whole number)								
Non-English Specification, 5130 fee (no such sold)								
Other (e.g., late filing surcharge): Petition for Extens	on of Tane							
SUBMITTED BY			Tolonhoos - 10 077 0440					
Signature Veh Van	Registration No. 35	,759	Telephone 512-372-8440					
SAPRIME SAPERING SAPE			Date December 27, 2005					

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ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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ANDERSON & JANSSON, LLP

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9501 N Capital of Texas Hwy #202 Austin, TX 78759 512 372 8440 · 512 233 2447 (fax) pehr@anianlaw.com

Margaret Anderson Pehr Jansson

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C SINGS SIGN PROSIDENCE OF THE SIGN PROSIDE OF THE SIGN PROSIDE OF T	Application Number	09/993,899							
TRANSMITTAL	Filing Date	11/24/2001							
FORM	First Named Inventor	BRAGSTAD, Helge							
	Art Unit	2133							
	Exeminer Name	KHOSHNOODI, Nadia							
(to be used for all correspondence after Initial fi	Attorney Docket Number	· · · · · · · · · · · · · · · · · · ·							
Total Number of Peges in This Submission	x Attorney books Number	40.0043							
ENCLOSURES (Check all that apply)									
Fee Transmittal Form Fee Attached	Drawing(s) Licensing-related Papers	After Allowance Communication to TC Appeal Communication to Board of Appeals and interferences							
Amendment/Reply After Final Affidavite/declaration(e) Extanaion of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incompleta Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatic Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C Remarks	Status Letter Other Enclosure(s) (please Identify below): Credit Card Form 2038							
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Firm Name Anderson & Jansson	n, LLP								
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Date December 27, 2005		Reg. No. 35,769							
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the date shown below: Signature									
Typed or printed name Jennifer Beasie	Auros	Date December 27, 2005							

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